



IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

C.L. BUTCH OTTER, GOVERNOR
RICHARD M. ARMSTRONG – Director

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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
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August 14, 2009

Michael Day
Independent Living Services Summerwind
P.O. Box 6395
Boise, ID 83711

Dear Mr. Day:

On August 11, 2009, a follow-up visit of your facility was conducted to verify corrections of deficiencies noted during the survey of April 9, 2009.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please feel free to call us at (208) 334-6626.

Sincerely,

MICHAEL A. CASE
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MC/mlw

Enclosure